

FILED

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

2022 FEB 23 AM 10:06

CLERK  
U.S. BANKRUPTCY COURT  
DISTRICT OF DELAWARE

In re: ) Chapter 7  
)  
CONNECTIONS COMMUNITY ) Case No. 21-10723 (MFW)  
SUPPORT PROGRAMS, INC., )  
)  
Debtor.<sup>1</sup> )  
) Related D.I. 543  
)

**CERTIFICATION OF COUNSEL REGARDING MOTION  
FOR RELIEF FROM STAY FILED BY TYRONE MORRIS**

I, Ricardo Palacio, a member of the law firm of Ashby & Geddes, P.A., counsel to Don A. Beskrone, in his capacity as the Chapter 7 trustee (the "Trustee") in the above-captioned case and for the above-referenced debtor (the "Debtor"), hereby certify the following:

1. On April 19, 2021 (the "Petition Date"), the Debtor filed a voluntary petition for relief under Chapter 11 of the Bankruptcy Code (the "Chapter 11 Case").

2. On September 1, 2021, the Debtor filed a *Motion to Convert Debtor's Chapter 11 Case to a Case Under Chapter 7 of the Bankruptcy Code* [D.I. 466]. The Court entered an Order converting the Chapter 11 Case to a case under chapter 7 of the Bankruptcy Code on September 27, 2021 (the "Conversion Order") [D.I. 537].

3. On September 27, 2021, the OUST appointed Don A. Beskrone to serve as the Interim Chapter 7 Trustee in this Case [D.I. 538]. A meeting of creditors pursuant to 11 U.S.C. § 341(a) was held and concluded on December 22, 2021. As such, the Trustee now serves as the trustee of the Debtor and its estate pursuant to 11 U.S.C. § 702(d).

<sup>1</sup> The Debtor in this chapter 7 case, along with the last four digits of its tax identification number, is as follows: Connections Community Support Programs, Inc. (3030).

4. On September 28, 2021, Tyrone Morris ("Morris") filed his motion for relief from stay (the "Motion") [D.I. 543]. Thereafter, the Trustee filed responses to the Motion. *See* D.I. 559, 631.

4. On January 5, 2022, the Court convened a hearing on the Motion. At the hearing, the Court granted, in part, and denied, in part, the Motion. Following its ruling, the Court instructed the undersigned to submit a proposed form of order reflecting the Court's ruling.

5. Consistent with the Court's instruction, the undersigned hereby submits a proposed form of order on the Motion (the "Proposed Order"), a copy of which is attached hereto as Exhibit A. The undersigned, on behalf of the Trustee, respectfully requests that the Court enter the Proposed Order at the Court's convenience.

Dated: January 6, 2022

ASHBY & GEDDES, P.A.

/s/ Ricardo Palacio  
Ricardo Palacio (#3765)  
500 Delaware Avenue, 8<sup>th</sup> Floor  
P.O. Box 1150  
Wilmington, Delaware 19899  
(302) 654-1888  
rpalacio@ashbygeddes.com

*Counsel for Don A. Beskrone,  
Chapter 7 Trustee*

# **Exhibit A**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:	)	Chapter 7
	)	
CONNECTIONS COMMUNITY	)	Case No. 21-10723 (MFW)
SUPPORT PROGRAMS, INC.,	)	
	)	
Debtor. <sup>2</sup>	)	
	)	Related D.I. 543

**ORDER GRANTING, IN PART, AND DENYING, IN PART, MOTION  
FOR RELIEF FROM STAY FILED BY TYRONE MORRIS**

Upon consideration of the motion for relief from stay (the "Motion") filed by Tyrone Morris ("Morris"), and any objections or responses thereto, including the *Omnibus General Objection and Reservation of Rights of Don A. Beskrone, Interim Chapter 7 Trustee, to (I) motion to Approve Lack of Time to Respond, (II) Motion to Appoint Counsel, and (III) Motion for Relief from Stay* [D.I. 559], and *Supplemental Response of Don A. Beskrone, Chapter 7 Trustee to Motion of Tyrone Morris for Relief from Stay* [D.I. 631] (collectively, the "Responses"); and the Court having found that it has jurisdiction over this matter pursuant to 28 U.S.C. §§ 157 and 1334 and the *Amended Standing Order of Reference from the United States District Court for the District of Delaware*, dated February 29, 2012; and the Court having found that this is a core proceeding pursuant to 28 U.S.C. § 157(b)(2); and the Court having found that venue of this proceeding in this district is proper pursuant to 28 U.S.C. §§ 1408 and 1409; and the Court having reviewed the Motion and the Responses; and after due deliberation and sufficient cause appearing therefor;

**IT IS HEREBY ORDERED THAT:**

1. The Motion is granted, in part, and denied, in part, as set forth herein.

---

<sup>2</sup> The Debtor in this chapter 7 case, along with the last four digits of its tax identification number, is as follows: Connections Community Support Programs, Inc. (3030).

2. Morris is granted relief from stay under 11 U.S.C. §362(a) to continue and pursue litigation captioned *Morris v. Cooper*, Case No. 18-252 (RGA) (D. Del.) (the “Morris Litigation”).

3. However, and for the avoidance of doubt, the Motion is denied to the extent Morris seeks relief from the automatic stay to commence, pursue or litigate any action, including the Morris Litigation, against the Debtor, the Debtor’s estate or the Trustee.

4. The Court shall retain jurisdiction to interpret and enforce this Order.

**Miscellaneous:**21-10723-MFW Connections Community Support Programs, Inc. **Converted** 09/27/2021

Type: bk Chapter: 7 v Office: 1 (Delaware)

Assets: y Judge: MFW

Case Flag: LeadSC, MEGA, CLMSAGNT, SealedDoc(s), CONVERTED

**U.S. Bankruptcy Court****District of Delaware**

## Notice of Electronic Filing

The following transaction was received from Ricardo Palacio entered on 1/6/2022 at 4:38 PM EST and filed on 1/6/2022

**Case Name:** Connections Community Support Programs, Inc.**Case Number:** 21-10723-MFW**Document Number:** 640**Docket Text:**Certification of Counsel *Regarding Motion for Relief from Stay Filed by Tyrone Morris* (related document(s)[543]) Filed by Don A. Beskrone. (Attachments: # (1) Exhibit A - Proposed Order # (2) Certificate of Service) (Palacio, Ricardo)

The following document(s) are associated with this transaction:

**Document description:**Main Document**Original filename:**01759218.PDF**Electronic document Stamp:**[STAMP bkecfStamp\_ID=983460418 [Date=1/6/2022] [FileNumber=17393859-0]  
[6711885e96a5cfcebe55a0dd9eb2376f488376f1fdf14df3d6907fe7a418a7d392c11  
5f286ce57c4ac17c066e8eed20efde0b65015a67f0269d5245753887004a]]**Document description:**Exhibit A - Proposed Order**Original filename:**C:\fakepath\01759221.PDF**Electronic document Stamp:**[STAMP bkecfStamp\_ID=983460418 [Date=1/6/2022] [FileNumber=17393859-1]  
[4af474787e92ff287a2d7c0aa3a13489971309400064a36b2236f9795f1c6b568450  
0b69bacc414f81a1c05bc4dee8b134909dd9ffc87ab7890e627da96d665]]**Document description:**Certificate of Service**Original filename:**C:\fakepath\01759233.PDF**Electronic document Stamp:**[STAMP bkecfStamp\_ID=983460418 [Date=1/6/2022] [FileNumber=17393859-2]  
[5d6dd8d398289df4df09df2b27ac280eccc2c8cc26f661930c2ff29122a8afb4cb3d  
f52ea4e440aee7847c011f4112959d1c8c5ec6cbd0fea065cd7f38ceea0f]]**21-10723-MFW Notice will be electronically mailed to:**Jason Daniel Angelo on behalf of Creditor Highmark BCBSD Health Options Inc.  
jangelo@reedsmith.com, glauer@reedsmith.comJason Daniel Angelo on behalf of Creditor Highmark BCBSD Inc.  
jangelo@reedsmith.com, glauer@reedsmith.comRichard A. Barkasy on behalf of Creditor The Reinvestment Fund  
rbarkasy@schnader.comPeter John Barrett on behalf of Interested Party Delaware Affordable Housing Equity Fund L.P.  
peter.barrett@kutakrock.comDon A. Beskrone  
dbeskronetrustee@gmail.com, DE19@ecfbis.comDon A. Beskrone on behalf of Trustee Don A. Beskrone  
dbeskronetrustee@gmail.com, DE19@ecfbis.comIan Connor Bifferato on behalf of Creditor Balboa Capital Corporation  
cbifferato@tbf.legal, mstewart@tbf.legal, yshenton@tbf.legal, amugavero@tbf.legalAmy D. Brown on behalf of Creditor Care4 Software, Inc.  
abrown@gsbblaw.com

Fill in this information to identify the case:

Debtor 1 Connection Community Support Program, Inc

Debtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware

Case number 21-10723-MFW

**FILED**

2022 FEB 23 AM 10:06

CLERK  
U.S. BANKRUPTCY COURT  
DISTRICT OF DELAWARE

Official Form 410

## Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

### Part 1: Identify the Claim

1. Who is the current creditor?

Tyrone J Morris  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor None

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Tyrone Morris #322529  
Name  
ITVCC 1181 paddock Rd  
Number Street  
Smyrna DE 19977  
City State ZIP Code

Contact phone None

Contact email None

Where should payments to the creditor be sent? (if different)

Name  
Number Street  
City State ZIP Code

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? \_\_\_\_\_

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<b>6. Do you have any number you use to identify the debtor?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>3 0 3 0</u>
<b>7. How much is the claim?</b>	<u>\$ 400,000</u> <b>Does this amount include interest or other charges?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
<b>8. What is the basis of the claim?</b>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.</p> <p><u>personal injury by DR carla cooper whose</u> <u>employed and insured by connecticut. paid for by mental anguish</u></p>
<b>9. Is all or part of the claim secured?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
<b>10. Is this claim based on a lease?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
<b>11. Is this claim subject to a right of setoff?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check one:

- ☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- ☐ Up to \$3,025\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).
- ☐ Wages, salaries, or commissions (up to \$13,650\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).
- ☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).
- ☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).
- ☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

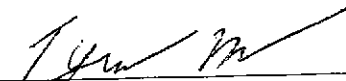
- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 1 9 22  
MM / DD / YYYY

  
Signature

Print the name of the person who is completing and signing this claim:

Name Tyone M Morris  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address JTVCC 1181 Paddock Rd  
Number Street

Smyrna DE 19977  
City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

FILED

2022 FEB 23 AM 10:08

CLERK  
U.S. BANKRUPTCY COURT  
DISTRICT OF DELAWARE

Tycone Morris

Plaintiff/Creditor

v.

Civ. Action No. 21-10723 (MFW)

Connections Support Program / Carla Cooper

previous District court Civ Action No.  
18-252-(RGA)

defendant/debtor

MOTION FOR

Amending proof of claim  
For chapter 7

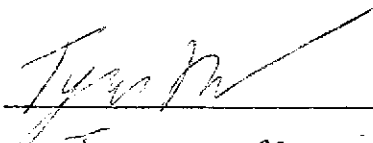
I've put in motion for ~~the~~ a L.Ft of stay  
on Carla Cooper Miller who worked for connections  
at the time of my medical distress.

The Bankruptcy court granted motion  
for L.Ft of stay. I wasn't sure how to  
proceed now that stay was L.Fted so I'm  
not sure if I was starting all over. However  
I'm sure you'll want the complaint that I  
put in originally that started the suit in the  
~~first~~ first place. So I ask that you allow me  
to Amend proof of claim so I may add my  
original complaint and some evidence as well.

Thank you your Honor.

Date:

2/10/22

  
Tyronne Morris

SBI# 322529

James T. Vaughn Correctional Center  
1181 Paddock Road  
Smyrna, DE 19977

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

connections community support program

Debtor

v.

Civ. Action No. 21-11723 MFW

Tyrone Morris

creditor

**ORDER**

IT IS HEREBY ORDERED, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that  
the attached Motion \_\_\_\_\_  
has been read and considered.

It is ordered that the motion is hereby GRANTED/DENIED.

It is further ordered that \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Judge

**Certificate of Service**

I, Tyrone Mims, hereby certify that I have served  
a true and correct cop(ies) of the attached Motion For Amending  
proof of claim upon the following parties/persons:

To: Bankruptcy District Court  
824 Market Street 3rd Floor  
Wilmington DE 19801

To: Connections Community support program  
claims processing c/o Omni Agent Solutions  
5955 De Soto Avenue Suite 100  
Woodland Hills CA 91367

To: Mark L Desgrosselliers  
Chpman, Brown, Cicero, Cole LLP  
Hercules Plaza  
1313 North Market Street suite 5400  
Wilmington DE 19801

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BY PLACING SAME IN A SEALED ENVELOPE**, and depositing same  
in the United States Mail at the James T. Vaughn Correctional Center,  
Smyrna, DE 19977.

On this 10 day of February, 2022

Tyrone Mims

Amended Copy

# CIVIL COVER SHEET

JS 44 (Rev. 12/12)

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

## I. (a) PLAINTIFFS

(b) County of Residence of First Listed Plaintiff NCL  
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

## DEFENDANTS

County of Residence of First Listed Defendant NCL  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED

Attorneys (If Known)

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☒ 1 U.S. Government Plaintiff  
☒ 2 U.S. Government Defendant  
☐ 3 Federal Question (U.S. Government Not a Party)  
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   | PTF                                 | DEF                        |   | PTF                        | DEF                        |
|---|-------------------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Incorporated or Principal Place of Business in This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2          | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3          | <input type="checkbox"/> 3 | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 565 Personal Injury - Product Liability <input checked="" type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>PRISONER PETITIONS</b> <b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

## V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding  
☐ 2 Removed from State Court  
☐ 3 Remanded from Appellate Court  
☐ 4 Reinstated or Reopened  
☐ 5 Transferred from Another District (specify)  
☐ 6 Multidistrict Litigation

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause:

medical pain suffering - malpractice, negl.

## VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☐ No

## VIII. RELATED CASE(S) IF ANY

(See instructions)

JUDGE

Richard C. Andrews

DOCKET NUMBER

1:18-cv-00252-RGK

SIGNATURE OF ATTORNEY OF RECORD

DATE

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG JUDGE

FILED

2022 FEB 23 AM 10:08

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

CLERK  
U.S. DISTRICT COURT  
DISTRICT OF DELAWARE

Tyrone Morris J

(In the space above enter the full name(s) of the plaintiff(s).)

Civ. Action No. 18 252 RBA  
(To be assigned by Clerk's  
Office)

-against-

Warden Metzger

Connection

Deputy Warden Scarborough  
DR Jackson et al

(In the space above enter the full name(s) of the defendant(s).  
If you cannot fit the names of all of the defendants in the  
space provided, please write "see attached" in the space  
above and attach an additional sheet of paper with the full list  
of names. The names listed in the above caption must be  
identical to those contained in Section IV. Do not include  
addresses here.)

**COMPLAINT**

(Pro Se Prisoner)

Jury Demand?

☐ Yes

☐ No

**NOTICE**

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

## I. COMPLAINT

Indicate below the federal legal basis for your claim, if known. This form is designed primarily for pro se prisoners challenging the constitutionality of their conditions of confinement, claims which are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Check one:

- ☒ 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Action under *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971) (federal defendants)

## II. PLAINTIFF INFORMATION

Morris Tyrone J  
Name (Last, First, MI) Aliases

00322529  
Prisoner ID #

JTVCC  
Place of Detention

1181 Paddock Rd  
Institutional Address

Smyrna DE 19977  
County, City State Zip Code

## III. PRISONER STATUS

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner



#### IV. DEFENDANT(S) INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could result in the delay or prevention of service. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant 1:

warden Metzger

Name (Last, First)

Current Job Title

1181 paddock Rd

Current Work Address

Smyrna

County, City

DE

State

19977

Zip Code

Defendant 2:

Deputy Warden Scarborough

Name (Last, First)

Current Job Title

1181 paddock Rd

Current Work Address

Smyrna

County, City

DE

State

19977

Zip Code

add  
to  
Law Sect

Defendant(s) Continued

Defendant 3:

Connection

Name (Last, First)

provider

Current Job Title

Current Work Address

Wilmington

County, City

State

Zip Code

Defendant 4:

DR Jackson

Name (Last, First)

# 5

Carla Coope Nurse Practitioner

Current Job Title

# 6

DR Harewood

Current Work Address

County, City

State

Zip Code

↑  
?

V. STATEMENT OF CLAIM

Place(s) of  
occurrence:

ITVCC

Date(s) of occurrence:

Last 2 yrs

State which of your federal constitutional or federal statutory rights have been violated:

8th Amendment VSC Right to  
from cruel and unusual punishment 5th 14th

State here briefly the FACTS that support your case. Describe how each defendant was personally involved in the alleged wrongful actions, state whether you were physically injured as a result of those actions, and if so, state your injury and what medical attention was provided to you.

FACTS:

What  
happened to  
you?

I am suing Connecticut for not  
allowing proper treatment of my psoriasis.  
I'm not to be on any biologic med-  
ication as stated by Kent General Hospital.  
I was told by DR Cooper and Deputy  
warden Scarborough was available but  
after almost dying of staphylococcus  
Lugdunensis from open wounds from  
my psoriasis, I was put on a biologic  
as a last resort. also I was being denied  
ointments and left to suffer. Medical  
Records and pictures enclosed.  
included also in lawsuit  
Doctor Harewood  
and Nurse practitioner Carla Cooper  
DR Jackson

Who did  
what?

all DR and Nurse practitioner  
mentioned would not follow  
DRs From Kent General and DR  
Burke all for Denying me simple  
ointment and Carla Cooper for  
no ointment and Denying my  
Light treatment

Deputy warden Scarborough  
For not following through with  
the many complaints from my  
mother over the phone,  
only to tell me to tell my mom  
to stop calling and to tell me  
that Light treatment was here  
at JTCC waiting for me to  
use over 6 months ago.

I still seen no Light therapy  
I'm very worried about getting  
sick in a dorm setting for  
the sick while I'm on a immune  
system suppressant, (Biologic)  
warden Metzger For not  
accepting or calling my mother back  
and not making sure Deputy warden  
does his job

RESPECTFULLY, I TYRONE MORRIS, AT THE AGE OF 13  
I HAVE BEEN HAVING SEVERE O.C.D. + P.T.S.D. AND  
ANXIETY ISSUES. AT THE AGE OF 15, I'VE HAD SEVERE  
PSORIASIS, ALL OVER MY DAMAGED BODY, I'VE BEEN A  
PATIENT OF DR. MITCHELL STICKLER, OUT OF LEWES, DEL.  
SINCE. BETWEEN 2011 - 2013, I'VE USED HUMAIRA AND  
LIGHT THERAPY, TO GET THERE, WITH GOOD SUCCESS.  
HUMAIRA IS ONE OF MANY MEDS THAT HELP WITH PSORIASIS  
AND IS KNOWN AS A BIOLOGIC, WHICH MEANS, IT SUPPRESSES  
THE IMMUNE SYSTEM. I TYRONE MORRIS WAS LOCKED UP 8-28-2013,  
MY PSORIASIS GOT BAD WITHOUT TREATMENT. AFTER ABOUT  
6 MONTHS, I TRIED, TO GET ON HUMAIRA. AFTER TESTING, I WAS  
TOLD, I COULDN'T USE HUMAIRA, BECAUSE SOMEHOW, I ENDED  
UP WITH HEP B. I BELIEVE I CAUGHT IT, IN PRISON, THROUGH  
AN OPEN WOUND, ON MY LEGS BUT I'M NOT SURE. YOU ARE  
NOT SUPPOSE TO USE BIOLOGIC MEDS, IF YOU HAVE OR HAD HEP B.,  
THROUGH THIS WHOLE TIME I'M IN THE SHU, SO NOW DR. BURKE  
SAYS THE ONLY THING THAT WILL HELP ME IS LIGHT THERAPY.  
I FIGHT TO GET IT. THROUGH ALL OF THIS, I'M COVERED WITH  
THICK, DEAD SKIN EVERYWHERE PEELING OFF, ALSO, THERE IS  
A LOT OF BLOOD. I AM IN SO MUCH PAIN, I CAN'T EVEN CLEAN  
MY OWN ROOM. THE GUARDS WOULD CALL THE HAZZMAT, TO COME  
CLEAN IT UP, EVERY SO OFTEN. I COULDN'T SHOWER  
REGULARLY, I COULD HARDLY GET OINTMENTS. I WROTE  
GRIEVANCES, AND WAS TOLD, I'VE BEEN APPROVED FOR LIGHT  
THERAPY AND I'M JUST WAITING.

Its Just Been Brought to my  
Attention that athere people have  
To

EVEN my Public Defender WAS surprised, of how bad I WAS And took Pictures. ALL the guards AND inmates MADE FUN OF me AND the guards did not want to handle with me. the DR's AND the nurses would do nothing. Finally A LT. WAS tired of Seeing me. The way I WAS suffering AND made sure I got To infirmary, only THEN did DR. Richards See me AND APPROVED My Light therapy. So ALL THAT time They were LYING About me Already being APPROVED. I tried A LAWSUIT, ON ALL OF THIS, BACK IN Like 2016, AND BECAUSE OF my mental, medical, AND LACK OF education, I messed up somehow. So THAT WAS \$350.00 I Spent For nothing. AFTER some issues, my light therapy Started To work until DR. Braithwaite's OFFICE WAS closed. His nurses ON SEVERAL OCCASIONS CALLED The Prison medical, ON my behalf. They SAW how I WASN'T Able to CARE, For my skin, AS I Should HAVE, AND how it WAS CAUSING Swelling AND other Problems. AFTER Light therapy Stopped, DR. Burke THOUGHT or Diagnosed THAT Otezla would be OK, For me To take, I still had Psoriasis, ALL over, but NOT AS BAD or A PAINFUL, still, Ointments WAS AN issue, But, I MANAGED, I WAS ON Otezla until 7-19-17.

07-14-17 I Tyrone Morris Started having Fevers And nightsweats. I put A Sick Call in, I told nurses And guards, And Noone would do Anything, until my mom And my Aunt terry Called up here And Finally, I was sent to sick Call. The guards didn't want to help Because they didn't want to have To pack my stuff up Because They Thought I WAS Contagious because of my Psoriasis, once At sick Call, THE FIRST THING nurse Amy said WAS, How did I know, I had A Fever, without A thermometer? AS Soon AS my vitals WAS taken, I WAS sent to Kent General Hospital, For 8 days, ON 7-19-17, They said I had AN Allergic Reaction or infection, due To the use of otezla medication. Enclosed, ARE Some PAPERS, From Kent General, with Certain INFO circled. I WAS sent BACK To Prison, After 8 days, with No meds, For Psoriasis, other THAN ointments And INFO That I WAS not To BE Taken Any more Biologics. DR. Burke's OFFICE ALSO ORDERED me To get ointments. I did get ointments But IT WAS never enough To Apply AS ORDERED, ANA I Slowly got BAD Again. I Also Couldn't Shower regularly. Again, This has been AN ON-going issue.

So here I AM, in A Dorm Setting, FLAKING,  
And Bleeding, All The time. Looked At, LIKE  
A Monster, wishing I WAS dead, Being made  
Fun of, By inmates AND by Guards ALIKE  
DR. Cooper refused To make sure I receive  
enough ointments To Apply 2-3 Times  
A day. I could only TAKE A Shower every  
Three To Four days AND APPLY ointments when  
When I Shower. This has CAUSED me To become  
So much more worse, Again, I WAS in Pain AND on  
certain times HAZZMAT WAS USED FOR CLEAN UP.  
I ALSO HAVE Seen <sup>"NURSE PRACTITIONER CARLA COOPER"</sup> <sup>AND</sup> Doctor HARE WOOD, AND  
it WAS ALWAYS AN issue, To get ointments  
AS Needed, during ALL of this, my mental  
health WAS AN issue. YES, I Tyrone Morris  
Do take Lovox To help But, only A little,  
Psoriasis is Stress related, One of many  
~~stress related issues. Counselor A. Smith~~  
~~would only listen And Then tell me, it sounds~~  
~~like A problem. I did see DR. King, who started~~  
~~To see me And once I got comfortable enough~~  
~~To open up And show her how I Twitch And get~~  
~~stuck in my head, she stopped seeing me, I believe~~  
~~she thought I was making things up, which I dealt with, all~~  
~~of my life, even with my own parents, until it was just~~  
~~apparent I have mental issues. I knew I should be getting~~  
~~behavior therapy because I was supposed to get it on~~  
The Street;



~~BUT, I COULDN'T STAY, OUT OF BEING LOCKED UP,~~  
~~LONG ENOUGH TO FOLLOW THROUGH, I GRIEVED THESE~~  
~~ISSUES, WITH NO SUCCESS. ALL THIS HELPED WITH~~  
~~THE PSORIASIS BECOMING SO MUCH WORSE. DHANMA~~  
~~SAID SHE WOULD PUT ME ON HER LIST BUT I ONLY~~  
~~HAVE SEEN HER TWICE I BELIEVE SHE EITHER~~  
~~THOUGHT I WAS ALSO FAKING OR I WAS JUST~~  
~~TOO MONSTROUS TO LOOK AT. I'VE SINCE BEEN~~  
TESTED AND I HAVE PTSD, O.C.D, AND ANXIETY.  
I AM NOW RECEIVING BEHAVIOR THERAPY TWICE  
A MONTH, ONLY AFTER I ALMOST DIED AND  
WAS PUT ON NEW MEDS FOR PSORIASIS. THE MAIN  
ISSUE THROUGH WAS LACK OF OINTMENT. EVEN  
IF IT WAS, TO ONLY HELP WITH PAIN AND MAKE IT  
EASIER TO MOVE. AT THE END OF MARCH OF 2018, I  
ENDED UP SICK AND WAS SENT TO THE INFIRMARY FOR  
ABOUT FIVE DAYS AND I WAS GIVEN ANTIBIOTICS BY  
DR. JACKSON, EVEN THEN I COULD ONLY GET ENOUGH  
OINTMENT TO SHOWER ONCE. IF I TAKE A SHOWER WITH  
NO OINTMENTS I BECOME BED RIDDEN AT THIS POINT.  
I WAS SENT BACK TO THE DORM, LOOKING WORSE THAN  
I WAS. ABOUT A WEEK LATER I'M SENT TO THE  
INFIRMARY AGAIN. THIS TIME THEY TOOK A BLOOD CULTURE  
AND GAVE ME 2 ANTIBIOTICS BY MOUTH AND ONE BY I.V., 8 BAGS  
OF I.V., I HAD TO FIND OUT, ON MY OWN THAT I HAD SOME KIND  
OF STAPH INFECTION, IN MY BLOOD. AGAIN, I ALMOST  
DIED.

AGAIN I WAS SENT BACK TO THE DORM,  
LOOKING WORSE THAN I DID, MY MOM WOULD  
TRY TO TALK TO THE WARDEN AND HE WOULDN'T  
TALK TO HER. MY MOM TALKED TO THE DEPUTY  
WARDEN. SEVERAL TIMES AND STILL I COULDN'T  
GET ENOUGH OINTMENT. HE WOULDN'T EVEN, COME  
TO SEE ME HOW BAD I WAS. FOR MONTHS NOW,  
FINALLY, HE CAME TO TELL ME TO ASK MY MOM  
TO STOP CALLING AND TO TELL ME MEDICAL BOUGHT  
A LIGHT THERAPY BOX FOR ME. ~~TO THIS DAY, I HAVE~~  
~~NOT SEEN IT.~~ DR. BURKE PUT ME ON BIOLOGIC  
AFTER SHE SEEN HOW BAD I WAS. THIS STUFF WAS  
KILLING ME, "PSORIASIS." SO NOW, I'M ON A  
DANGEROUS DRUG STILL AND ~~I STILL HAVE NOT~~  
~~SEEN THIS LIGHT THERAPY~~ THAT HAS BEEN BROUGHT  
HERE FOR ME. DR. BURKE SAYS THAT EVEN THOUGH  
I'M ON BIOLOGICS, I STILL HAVE PSORIASIS,  
ALL OVER AND ITS BEST TO GET OFF BIOLOGICS  
ALL TOGETHER. I HAVE TOO MUCH TIME TO BE  
TAKING BIOLOGICS ALL THROUGH MY SENTENCE.  
DEPUTY WARDEN AND DR.'S SAY THEY HAVE LIGHT  
THERAPY BUT NOW ~~THE NURSE SAYS, I DON'T~~  
~~NEED IT. I DO NEED IT AND I SHOULD NOT~~  
~~HAVE SUFFERED AS I HAVE.~~

## VI. ADMINISTRATIVE PROCEDURES

*WARNING: Prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions. 42 U.S.C. § 1997e(a). Your case may be dismissed if you have not exhausted your administrative remedies.*

Is there a grievance procedure available at your institution? ☒ Yes ☐ No

Have you filed a grievance concerning the facts relating to this complaint? ☒ Yes ☐ No

If no, explain why not:

Is the grievance process completed? ☒ Yes ☐ No

If no, explain why not:

## VII. RELIEF

*State briefly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.*

Light Therapy - proper care maintained  
\$400,000 For pain and  
suffering, and mental anguish  
suffering

WHITE AND WILLIAMS LLP



BY:

**Joseph Bellew, Esquire (#4816)**

**Roopa Sabesan (#5951)**

Courthouse Square

600 North King Street, Suite 800

Wilmington, DE 19801

Telephone: (302) 467-4538

Facsimile: (302) 467-4558

Email: [bellewj@whiteandwilliams.com](mailto:bellewj@whiteandwilliams.com)

Email: [sabesanr@whiteandwilliams.com](mailto:sabesanr@whiteandwilliams.com)

*Counsel for Defendant Carla Cooper Miller*

December 19, 2019

Discharge Summaries - Encounter Notes (continued)

Discharge Summaries by Jenny So, MD (continued)

Version 1 of 1 at 7/26/2017 2:21 PM

Erythroderma

**SECONDARY DIAGNOSES**

**Patient Active Problem List**

Diagnosis

- Erythroderma
- Psoriasis
- Hepatitis B
- Psoriatic arthritis
- Obsessive compulsive disorder
- Severe dehydration
- Hyperalbuminemia
- Sepsis
- Cellulitis
- Low serum prealbumin
- Protein calorie malnutrition

**DISCHARGE DIAGNOSES**<sup>[JS.1T]</sup>

Exfoliative erythroderma associated with psoriasis

Psoriatic arthritis

Hepatitis B<sup>[JS.1M]</sup>

**DISCHARGE EXAM:**

**VITAL SIGNS:** BP 126/75 (BP Position: Sitting) | Pulse 100 | Temp 36.4 °C (97.6 °F) (Oral) | Resp 18 | Ht 185.4 cm | Wt 81.9 kg | SpO2 100% | BMI 23.82 kg/m2

**Physical Exam:**

Vitals reviewed. Stable.

Chest clear.

Head: nc at

Cardiovascular: Normal rate and regular rhythm.

Abdominal: Soft. Bowel sounds are normal.<sup>[JS.1T]</sup>

Skin: Psoriasis, erythema all over but improved<sup>[JS.1M]</sup>

**SIGNIFICANT LABS**<sup>[JS.1T]</sup>

**Lab Results**

Component	Value	Date
WBC	9.5	07/26/2017
HGB	12.9 (L)	07/26/2017
HCT	37.9 (L)	07/26/2017
MCV	88.7	07/26/2017
PLT	296	07/26/2017

**Lab Results**

Component	Value	Date
GLUR	94	07/26/2017
CALCIUM	8.7	07/26/2017

Discharge Summaries - Encounter Notes (continued)

Discharge Summaries by Jenny So, MD (continued)

Version 1 of 1 at 7/26/2017 2:21 PM

**Medication Information**

**ARIPiprazole (ABILIFY) 5 MG tablet**

Take 5 mg by mouth Bedtime Indications: no  
indication given on MAR.

**clobetasol (TEMOVATE) 0.05 % cream**

Apply topically to affected area 2 (two) times a day.

**doxepin (SINEquan) 10 MG capsule**

Take 2 capsules (20 mg total) by mouth Bedtime.

**HYDROcodone-acetaminophen (NORCO) 5-325 mg  
per tablet**

Take 1 tablet by mouth every 6 (six) hours as needed  
for moderate pain (Pain Score 4-7). Max Daily  
Amount: 4 tablets

**hydrocortisone 0.5 % cream**

Apply topically to affected area 2 (two) times a day.

**hydroOXYzine (ATARAX) 50 MG tablet**

Take 1 tablet (50 mg total) by mouth 3 (three) times a  
day.

**tenofovir (VIREAD) 300 mg tablet**

Take 300 mg by mouth 1 (one) time a day Indications:  
no indication given on MAR.

**triamcinolone (KENALOG) 0.1 % ointment**

Apply topically to affected area 3 (three) times a day.

**vitamin A and D ointment**

Apply 1 application topically 2 (two) times a day  
Indications: Skin Irritation.

**white petrolatum-mineral oil (eucerin) cream**

Apply 1 application topically to affected area 2 (two)  
times a day Indications: Skin Irritation.

Time spent > 35 minutes on discharge

Electronically signed by: Jenny So, MD, 7/26/2017 2:26 PM<sup>[JS.1T]</sup>

Exhibit 4

**Discharge Summaries - Encounter Notes (continued)**

Discharge Summaries by Jenny So, MD (continued)

Version 1 of 1 at 7/26/2017 2:21 PM

NA	137	07/26/2017
K	4.7	07/26/2017
CO2	28.0	07/26/2017
CHLORIDE	105	07/26/2017
BUN	19 (H)	07/26/2017
CREATININE	1.1	07/26/2017 <sup>[JS.2T]</sup>

**BRIEF HOSPITAL COURSE**

Please review H&P in the chart.

Tyrone J Morris is a 44 y.o. male<sup>[JS.1T]</sup> with hep B on viread, psoriatic arthritis on orteza, OCD on clomipramine, who presented with worsening rash and was seen by dermatology and rheumatology who stated this was an exfoliative erythroderma associated with psoriatic arthritis. Also, recommended stopping orteza, though it is unsure if this was the culprit medication, and perhaps pt can be re-challenged with this medication in the future. He cannot be on biologics due to his active hep B infection. Pt thinks that the culprit medication is the clomipramine which was recently started for his OCD after he switched from Luvox. His rash has improved over the past week while being off both clomiramine and otezla; however, pt is complaining that his psoriasis is getting worse. He is started on steroid creams with improvement. He will need close follow up with rheumatology and dermatology. He will also need to follow up with GI as well for his hep B. Pt is otherwise in stable condition<sup>[JS.1M]</sup>

This is only a brief summary of the pt's hospital course. Further details outlined in the EMR.

**PENDING ISSUES AFTER DISCHARGE<sup>[JS.1T]</sup>**

none<sup>[JS.1M]</sup>

**CONDITION ON DISCHARGE**

Stable

**DISPOSITION<sup>[JS.1T]</sup>**

jail<sup>[JS.1M]</sup>

**DIET/ACTIVITY INSTRUCTIONS<sup>[JS.1T]</sup>**

As tolerated<sup>[JS.1M]</sup>

**FOLLOW UP INSTRUCTIONS<sup>[JS.1T]</sup>**

Follow up with PMD within 1 week  
Follow up with dermatology in 1-2 week  
Follow up with rheumatology in 2-3 weeks  
Follow up with GI in 3-4 weeks<sup>[JS.1M]</sup>

**DISCHARGE MEDICATIONS**

**Home Medication Instructions**

Morris, Tyrone J  
HAR:100278200  
Printed on:07/26/17 1426

exhibit 5

MORRIS, TYRONE

Visit Note - September 20, 2017

PMS ID:  
12401

Sex  
Male

DOB  
12/29/1972

MHN  
3250389

### Medical History

None  
Other: OCD

### Surgical History

None

### Derm History

None

### Social History

Occupation:  
Place of Residence:  
Smoking status - Former smoker

### Medications

Otezla 30 mg Oral - tablet  
clobetasol  
doxepin  
fluvoxamine  
hydrocodone-acetaminophen  
hydroxyzine HCl

### Allergies

clonipramine

### ROS

A focused review of systems was performed including Allergic / Immunologic, Cardiovascular, Constitutional / Symptom, Endocrine, ENT and Mouth, Eyes, Gastrointestinal (G.I.), Genitourinary (G.U.), Hematologic / Lymphatic, Integumentary, Musculoskeletal, Neurological, Other, Psychiatric, and Respiratory and was negative.

### Chief Complaint: F/U Psoriasis evaluated on August 10, 2017

**HPI:** This is a 44 year old male who is following up for psoriasis on the body throughout. He was seen on August 10, 2017, at which time the following treatment regimen was given:

Continue the following treatment(s):

Triamcinolone 0.1% ointment bid on psoriasis 2 weeks on/2 weeks off pm flares  
Clobetasol 0.05% cream bid on psoriasis hot spots bid 2 weeks on/2 weeks off relating pm flares

Discontinue the following treatment(s):

Pt has discontinued Otezla due to a possible interaction with a new OCD medication that caused him to become hospitalized

Pt states he was never fully improved with Otezla and rated it a 5/10 improvement

**Instructions:** Pt has Hepatitis B and is currently on treatment for it

Pt has tried and failed Enbrel, Humira and methotrexate with previous dermatologist

Pt to follow up in 1 month. and he was treated with IM Kenalog.

The patient is now here for further evaluation and management.

### Exam:

An examination was performed including the head (including face), lips but not teeth and gums, right upper extremity, left upper extremity, right hand, and left hand.

Patient Skin Type is Type II.

General Appearance of the patient is well developed and well nourished.

Orientation: alert and oriented x 3.

Mood and affect: in no acute distress.

Findings in the above examined areas were normal with the exception of the following exam descriptions below:

### Impression/Plan:

#### 1. Psoriasis

(L40.0)

distributed on the right inferior central malar cheek, left superior lateral buccal cheek, left medial inferior chest, and right medial upper back.

#### Plan: Counseling.

I counseled the patient regarding the following:

Skin care: Emollients, ambient sun exposure, shampoos with tar, selenium or zinc pyrithione can improve psoriasis.

Expectations: Psoriasis is chronic in nature with periods of remissions and flares. Flares can be triggered by stress, infections (group A strep), certain medications and alcohol.

Contact office if: Psoriasis worsens, or fails to improve despite several months of treatment.

#### Plan: Treatment Regimen.

Continue the following treatment(s):

Clobetasol for body bid 2 weeks on x 2 weeks off pm

Triamcinalone for face qhs 1 week on x 1 week off pm

**Instructions:** Patient needs light box therapy with Dr. Stickler in Lewes Delaware  
We do not have a light box in our practice.

### Staff:

Nicole Bright, DO (Primary Provider) (Bill Under)

Lacie Nance

Nicole Bright, DO (Primary Provider) (Bill Under)

(302) 734-3379 Fax  
(302) 734-3376 Work

Burke Dermatology Dover  
95 Wolf Creek Blvd  
Suite 1  
Dover, DE 19901

Page 1



exhibit 6

MORRIS, TYRONE

Visit Note - March 29, 2018

PMS ID  
12401

Sex:  
Male

DOB  
12/29/1972

MRN  
3250389

### Medical History

None  
Other: OCD

### Surgical History

None

### Derm History

None

### Family History of

#### Melanoma

No

### Social History

Occupation:  
Place of Residence:  
Smoking status - Former smoker

### Medications

Otezla 30 mg Oral - tablet  
clobetasol  
doxepin  
fluvoxamine  
hydrocodone-acetaminophen  
hydroxyzine HCl

### Allergies

clomipramine

### ROS

Provider reviewed on Mar 29, 2018.

A focused review of systems was performed including Allergic / Immunologic, Cardiovascular, Constitutional / Symptom, Endocrine, Gastrointestinal (G.I.), Hematologic / Lymphatic, Integumentary, Neurological, and Other and was negative.

### Chief Complaint: F/U Psoriasis evaluated on September 20, 2017

**HPI:** This is a 45 year old male who is following up for psoriasis on the right inferior central malar cheek, left superior lateral buccal cheek, left medial inferior chest, and right medial upper back. He was seen on September 20, 2017, at which time

The following treatment regimen was given:

Continue the following treatment(s):  
Clobetasol for body bid 2 weeks on x 2 weeks off pm  
Triamcinolone for face qhs 1 week on x 1 week off pm

**Instructions:** Patient needs light box therapy with Dr. Sticker in Lewes Delaware  
We do not have a light box in our practice.

The patient is now here for further evaluation and management.

### Exam:

An examination was performed including the head (including face), lips (but not teeth and gums), neck, chest, abdomen, back, right upper extremity, and left upper extremity.

Patient Skin Type is Type II.

General Appearance of the patient is well developed, well nourished, and frail.

Orientation: alert and oriented x 3.

Mood and affect: depressed.

Findings in the above examined areas were normal with the exception of the following exam descriptions below:

### Impression/Plan:

1. **Psoriasis**  
(L40.0)  
Psoriasiform plaques with micaceous scale located on the body throughout.

#### Plan: Counseling.

I counseled the patient regarding the following:

Skin care: Emollients, ambient sun exposure, shampoos with tar, selenium or zinc pyrithione can improve psoriasis.

Expectations: Psoriasis is chronic in nature with periods of remissions and flares. Flares can be triggered by stress, infections (group A strep), certain medications and alcohol.

Contact office if: Psoriasis worsens, or fails to improve despite several months of treatment.

#### Plan: Treatment Regimen.

Continue the following treatment(s):

Prescription for Clobetasol ointment and Triamcinolone ointment given to guards

Start the following treatment(s):

Cosentyx 300mg qweekly x 5 weeks then decrease to monthly

Injection given at today's appointment (sample Cosentyx)

Lot # SD180

Exp: June 2018

**Instructions:** Spoke with JTVCC medical and patient TB is negative.

Bili - 1.3

AST - 23

ALT - 26.

2. **High Risk Medication Monitoring**  
(Z79.899)

The risks and benefits of the medication were reviewed in full with the patient. Should any side effects occur, the patient will stop the medication and contact me immediately.

#### Plan: Counseling.

I counseled the patient regarding the following:

Instructions: Patients on high risk medications should be vigilant about any new symptoms and understand the

Nicole Bright, DO (Primary Provider) (Bill Under)

(302) 734-3379 Fax  
(302) 734-3376 Work

Burke Dermatology Dover  
95 Wolf Creek Blvd  
Suite 1  
Dover, DE 19901

Page 1

H&P - Encounter Notes (continued)

H&P by Naga R Krishna Tangirala, MD (continued)

Version 1 of 1 at 7/19/2017 11:30 PM

Hepatitis B<sup>[NT.2T]</sup>  
Dehydration<sup>[NT.4M]</sup>

**PLAN**<sup>[NT.1T]</sup>

1. Erythroderma: Patient has nearly entire skin covered by the erythematous rash which is scaly, discriminating. At this time the differentials include erythrodermic psoriasis with an acute flareup, allergic reaction to one of the medications that he is using, primarily psoriasis with a secondary bacterial infection causing a flareup. He also has hepatitis B unsure if it could be one of the syndromes that can happen also in association with hepatitis B. Given this complex presentation in this gentleman I have requested consultation from infectious disease, dermatology and rheumatology for adequate medication management. At this time he seems to be significantly dehydrated. I have given him a total of 4 L [including the boluses he received in the emergency department] was recommended along with maintenance fluids. He will require aggressive battery of measures. Along with the pectoral abdomen topical therapy clobetasol has been ordered for the entire body along with hydrocortisone for the face. With his chronic medications as he has been using these medications and at this time I am unsure of the implications of discontinuing these medications. Patient would require barrier precautions to prevent any infection or a secondary bacterial infection from outside sources. He will require isolation. I will start him on clindamycin to have MRSA coverage due to his risk factors. Blood cultures have been ordered. He does need to sepsis criteria however I am unsure if infection is the reason for this symptoms I believe dehydration from significant and extensive skin involvement could be presenting with these symptoms. We will follow closely.  
I will avoid steroids at this time.

2. Continue with aripiprazole.

DVT prophylaxis with Lovenox and GI prophylaxis with famotidine

Patient is a high risk for morbidity and mortality given the extensive involvement of the skin with the condition. Explained to him in detail regarding the plan and he will be admitted to the IMC for close monitoring.<sup>[NT.4M]</sup>

Electronically signed by:<sup>[NT.1T]</sup> Naga R Krishna Tangirala, MD<sup>[NT.2T]</sup>,<sup>[NT.1T]</sup> 7/20/2017 1:07 AM<sup>[NT.2T]</sup>

Electronically Signed by Naga R Krishna Tangirala, MD on 7/20/2017 1:37 AM

**Attribution Key**

NT.1 - Naga R Krishna Tangirala, MD on 7/20/2017 1:06 AM  
NT.2 - Naga R Krishna Tangirala, MD on 7/20/2017 1:07 AM  
NT.3 - Naga R Krishna Tangirala, MD on 7/20/2017 1:13 AM  
NT.4 - Naga R Krishna Tangirala, MD on 7/20/2017 1:23 AM  
C - Copied, M - Manual, T - Template

Consults - Encounter Notes

Consults by Eric R. Tamesis, MD

Version 1 of 1 at 7/20/2017 2:09 PM

exhibit 8

MORRIS, TYRONE

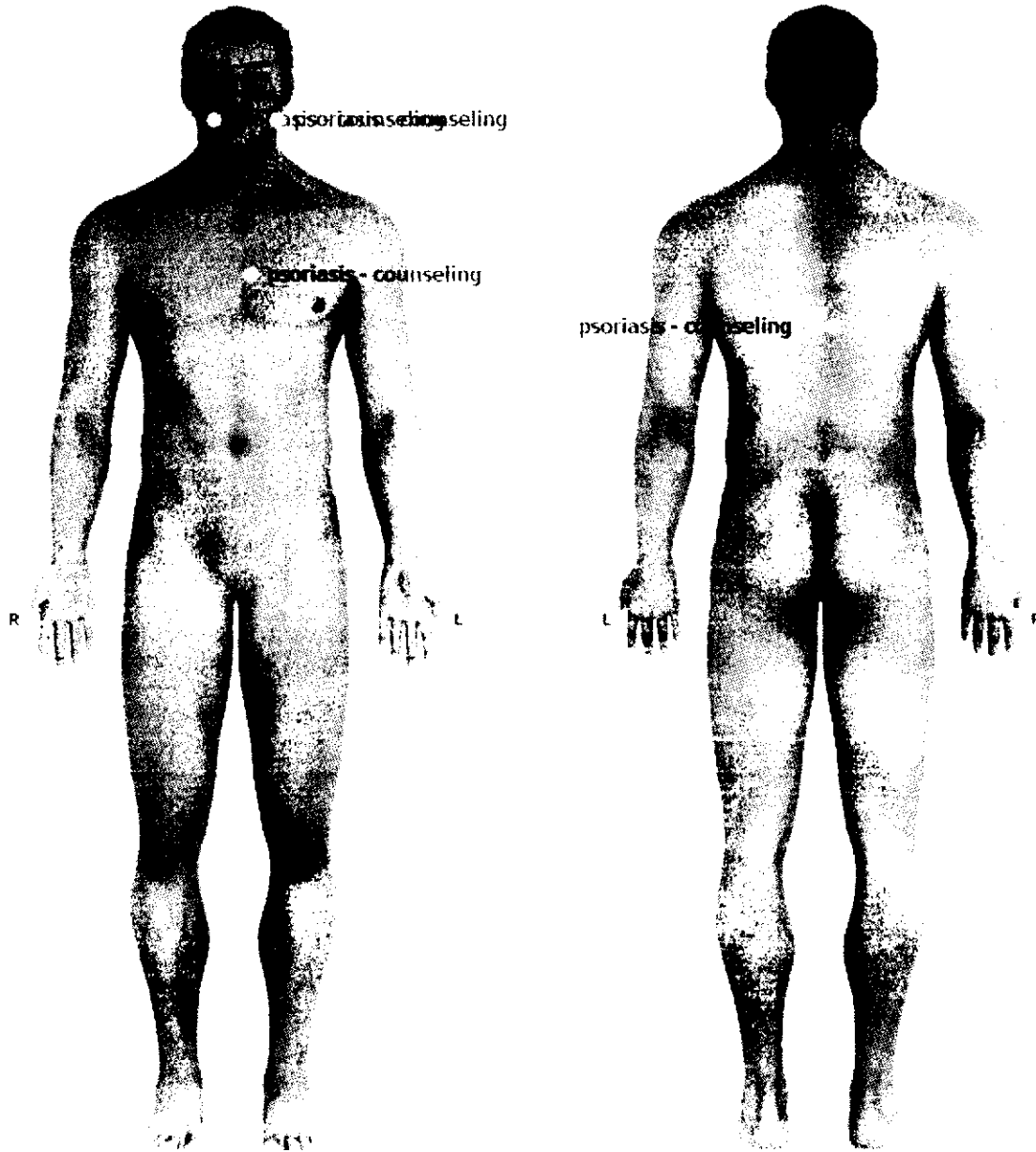
Visit Note - September 20, 2017

12401

Male

12/29/1972

3250389



Electronically Signed By: Nicole Bright, DO, 09/20/2017 01:47 PM EDT

any and all evidence From  
DR Nicole Bright

Nicole Bright, DO (Primary Provider) (Bill Under)  
(302) 734-3379 Fax  
(302) 734-3376 Work

Burke Dermatology Dover  
95 Wolf Creek Blvd  
Suite 1  
Dover, DE 19901

Page 2

Burke Dermatology



MEDICAL USE ONLY (RECEIVED STAMP)

STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES

## SICK CALL FORM

(CIRCLE ONE)

MEDICAL

MENTAL HEALTH

DENTAL

PRINT NAME: Tyrodne MorrisDATE OF REQUEST: 1 8 18SBI No.: 322529DATE OF BIRTH: 12 29 72HOUSING LOCATION: 7-6PROBLEM OR REQUEST: I can't keep going on like this. So much pain and discomfort.I Flake and Bleed so muchMy legs are swollen and very painful.I AGREE TO BE TREATED BY HEALTH STAFF FOR THE PROBLEM ABOVE. It hurts to standSIGNATURE: [Signature]

DO NOT WRITE BELOW THIS AREA - MEDICAL USE ONLY

Triaged by: (Initial &amp; Date) \_\_\_\_\_

TIME: \_\_\_\_\_

Triaged to (circle): NSC Mid-level/Physician SC MH Dental Administrative

☐ ROUTINE☐ URGENT

## HEALTH CARE DOCUMENTATION

SUBJECTIVE: \_\_\_\_\_

OBJECTIVE: BP \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ Wt. \_\_\_\_\_

PHYSICAL ASSESSMENT: \_\_\_\_\_

ASSESSMENT (NURSING DIAGNOSIS): \_\_\_\_\_

PLAN: \_\_\_\_\_

☐ Inmate education handout reviewed with and given to the patient.

REFER TO (circle): Mid-level/Physician MH Dental Other: \_\_\_\_\_

SIGNATURE &amp; TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PLACE THIS SLIP IN THE MEDICAL REQUEST BOX OR DESIGNATED AREA



MEDICAL USE ONLY (RECEIVED STAMP)

JAN 17 0:48

STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES

SICK CALL FORM

(CIRCLE ONE) MEDICAL MENTAL HEALTH DENTAL

PRINT NAME: Tyrone Morris DATE OF REQUEST: 1 15 18

SBI No.: 322529 122972 HOUSING LOCATION: T-1

PROBLEM OR REQUEST: DR Hollis said I should

have no problem getting antments as

needed. I ~~now~~ now have no antment

and cannot take a shower until I get

some

SIGNATURE: [Signature]

DO NOT WRITE BELOW THIS AREA - MEDICAL USE ONLY

Triaged by: (Initial & Date) TB 1/17/18 TIME: 0254

Triaged to (circle): NSC Mid-level/Physician SC MH Dental Administrative

☒ ROUTINE

☐ URGENT

HEALTH CARE DOCUMENTATION

SUBJECTIVE: \_\_\_\_\_

OBJECTIVE: BP \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ Wt. \_\_\_\_\_

PHYSICAL ASSESSMENT: \_\_\_\_\_

ASSESSMENT (NURSING DIAGNOSIS): \_\_\_\_\_

PLAN: \_\_\_\_\_

☐ Inmate education handout reviewed with and given to the patient.

REFER TO (circle): Mid-level/Physician MH Dental Other: \_\_\_\_\_

SIGNATURE & TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

exhibit 11



MEDICAL USE ONLY (RECEIVED STAMP)

STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES

## SICK CALL FORM

(CIRCLE ONE)

MEDICAL

MENTAL HEALTH

DENTAL

PRINT NAME: Tyrone MorrisDATE OF REQUEST: 2-5-18SBI No.: 322529DATE OF BIRTH: 12-29-72HOUSING LOCATION: J21PROBLEM OR REQUEST: I'm out of Diabetes  
medication.Need to keep blood sugar getting  
bad again.

I AGREE TO BE TREATED BY HEALTH STAFF FOR THE PROBLEM ABOVE.

SIGNATURE: [Signature]

DO NOT WRITE BELOW THIS AREA - MEDICAL USE ONLY

Triage by: (Initial & Date) J-6-18TIME: 2:17pm

Triage to (circle): NSC Mid-level/Physician SC MH Dental Administrative

☐ ROUTINE☐ URGENT

## HEALTH CARE DOCUMENTATION

SUBJECTIVE: \_\_\_\_\_

OBJECTIVE: BP \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ Wt. \_\_\_\_\_

PHYSICAL ASSESSMENT: \_\_\_\_\_

ASSESSMENT (NURSING DIAGNOSIS): \_\_\_\_\_

PLAN: \_\_\_\_\_

☐ Inmate education handout reviewed with and given to the patient.

REFER TO (circle): Mid-level/Physician MH Dental Other: \_\_\_\_\_

SIGNATURE &amp; TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Form #: DOC MED-63-E

PLACE THIS SLIP IN THE MEDICAL REQUEST BOX OR DESIGNATED AREA



MEDICAL USE ONLY (RECEIVED STAMP)

15

FEB 1 2:20

STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES

SICK CALL FORM

(CIRCLE ONE)

MEDICAL

MENTAL HEALTH

DENTAL

PRINT NAME: Tyrone Morris

DATE OF REQUEST: 2/1/18

SBI No.: 322529

DATE OF BIRTH: 12/29/72

HOUSING LOCATION: F-1

PROBLEM OR REQUEST: need denture so I can

shower  
please

I AGREE TO BE TREATED BY HEALTH STAFF FOR THE PROBLEM ABOVE.

SIGNATURE: [Signature]

DO NOT WRITE BELOW THIS AREA - MEDICAL USE ONLY

Triaged by: (Initial & Date) TB 2/1/18

TIME: 0234

Triaged to (circle): NSC Mid-level/Physician SC MH Dental

Administrative

☒ ROUTINE

☐ URGENT

HEALTH CARE DOCUMENTATION

SUBJECTIVE: \_\_\_\_\_

OBJECTIVE: BP \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ Wt. \_\_\_\_\_

PHYSICAL ASSESSMENT: \_\_\_\_\_

Vitamin A & D ordered  
1/31/18 by Carla Miller  
Please allow a few days  
for it to arrive and be  
processed by pharmacy.

ASSESSMENT (NURSING DIAGNOSIS): \_\_\_\_\_

PLAN: \_\_\_\_\_

☐ Inmate education handout reviewed with and given to the patient.

REFER TO (circle): Mid-level/Physician MH Dental Other: \_\_\_\_\_

SIGNATURE & TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

exhibit 13



MEDICAL USE ONLY (RECEIVED STAMP)

AUG 13 REC'D

STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES

## SICK CALL FORM

(CIRCLE ONE)

MEDICAL

MENTAL HEALTH

DENTAL

PRINT NAME:

Tyone Morris

DATE OF REQUEST:

8-8-15

SBI No.:

322529

DATE OF BIRTH:

122972

HOUSING LOCATION:

T-2

PROBLEM OR REQUEST:

I need my O. treatments  
so I can shower.

I AGREE TO BE TREATED BY HEALTH STAFF FOR THE PROBLEM ABOVE.

SIGNATURE:

DO NOT WRITE BELOW THIS AREA - MEDICAL USE ONLY

Tried by: (Initial &amp; Date)

OMB 8/14/15TIME: 0123

Tried to (circle):

NSC

Mid-level/Physician SC

MH

Dental

Administrative☒ ROUTINE☐ URGENT

## HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE:

BP

T

P

R

Wt.

PHYSICAL ASSESSMENT:

ASSESSMENT (NURSING DIAGNOSIS):

PLAN:

referred to pharmacy☐ Inmate education handout reviewed with and given to the patient.

REFER TO (circle): Mid-level/Physician

MH

Dental

Other:

SIGNATURE &amp; TITLE:

Delmar M. Robinson

DATE:

8/14/15

TIME:

0124

Form #: DOC MED-63-E



MEDICAL USE ONLY (RECEIVED STAMP)

OCT 30 21:27



STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES

## SICK CALL FORM

(CIRCLE ONE)

MEDICAL

MENTAL HEALTH

DENTAL

PRINT NAME:

Tyrone Morris

DATE OF REQUEST:

10/30/17

SBI No.:

322529

DATE OF BIRTH:

12

USING LOCATION:

J.1

PROBLEM OR REQUEST:

What's going on with

light therapy. I'm covered with psoriasis.

My face, penis, ass, feet I'm in constant pain.  
My legs and feet hurt and throbs.

I AGREE TO BE TREATED BY HEALTH STAFF FOR THE PROBLEM ABOVE.

SIGNATURE:

DO NOT WRITE BELOW THIS AREA - MEDICAL USE ONLY

Triaged by: (Initial &amp; Date)

10-31-17

TIME:

00:01

Triaged to (circle):

NSC

Mid-level/Physician SC

MH

Dental

Administrative

☒ ROUTINE☐ URGENT

## HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE:

BP

T

P

R

Wt.

PHYSICAL ASSESSMENT:

ASSESSMENT (NURSING DIAGNOSIS):

PLAN:

☐ Inmate education handout reviewed with and given to the patient.

REFER TO (circle): Mid-level/Physician

MH

Dental

Other:

SIGNATURE &amp; TITLE:

DATE:

TIME:

PLACE THIS SLIP IN THE MEDICAL REQUEST BOX OR DESIGNATED AREA



MEDICAL USE ONLY (RECEIVED STAMP)  
OCT 30 21:27

STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES

SICK CALL FORM

(CIRCLE ONE)

MEDICAL

MENTAL HEALTH

DENTAL

PRINT NAME: Tyrone Morris

DATE OF REQUEST: 10/30/17

SBI No.: 322529

DATE OF BIRTH: 1/7

USING LOCATION: 7-1

PROBLEM OR REQUEST: Need more ev.

int so

I can shower.

I AGREE TO BE TREATED BY HEALTH STAFF FOR THE PROBLEM ABOVE.

SIGNATURE: [Signature]

DO NOT WRITE BELOW THIS AREA - MEDICAL USE ONLY

Triaged by: (Initial & Date) 10-30-17 au

Triaged to (circle): NSC Mid-level/Physician SC

MH

TIME: 10:34 PM  
Dental

Administrative

☒ ROUTINE

☐ URGENT

SUBJECTIVE:

HEALTH CARE DOCUMENTATION

OBJECTIVE: BP \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ Wt. \_\_\_\_\_

PHYSICAL ASSESSMENT:

ASSESSMENT (NURSING DIAGNOSIS):

PLAN:

☐ Inmate education handout reviewed with and given to the patient.

REFER TO (circle): Mid-level/Physician MH Dental Other: \_\_\_\_\_

SIGNATURE & TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PLACE THIS SLIP IN THE MEDICAL REQUEST BOX OR DESIGNATED AREA



MEDICAL USE ONLY (RECEIVED STAMP)

STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES

SEP 29 21:02

SICK CALL FORM

(CIRCLE ONE)

MEDICAL

MENTAL HEALTH

DENTAL

PRINT NAME: Tyrone Morris

DATE OF REQUEST: 9/29/17

SBI No.: 322829

DATE OF BIRTH: 12/29/72

HOUSING LOCATION: J-1

PROBLEM OR REQUEST: will be in & out of treatment as of

10/2/17. Please I need more treatment ordered  
so I can show up.

I AGREE TO BE TREATED BY HEALTH STAFF FOR THE PROBLEM ABOVE.

SIGNATURE: Tyrone Morris

DO NOT WRITE BELOW THIS AREA - MEDICAL USE ONLY

Triaged by: (Initial & Date) OMR 9/29/17

TIME: 2:00

Triaged to (circle): NSC Mid-level/Physician SC

MH Dental

Administrative

☒ ROUTINE

☐ URGENT

HEALTH CARE DOCUMENTATION

SUBJECTIVE: \_\_\_\_\_

OBJECTIVE: BP \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ Wt. \_\_\_\_\_

PHYSICAL ASSESSMENT: \_\_\_\_\_

ASSESSMENT (NURSING DIAGNOSIS): \_\_\_\_\_

PLAN: to pharmacy

☐ Inmate education handout reviewed with and given to the patient.

REFER TO (circle): Mid-level/Physician

MH

Dental

Other: \_\_\_\_\_

SIGNATURE & TITLE: Patricia M. Rollinger DATE: 9/29/17 TIME: 2:00

exhibit 17

GRIEVANCE APPEAL FORM

This must be completed and returned to the IGC, via the Grievance Box, No Later than Due Date to appeal the Warden/Designee/BSME Decision/MGC. Please specify the reason for the appeal in the space below. If you decide not to appeal the decision you must so indicate with the statement "I do not wish to appeal". Appeal must be returned via the Grievance Box. If you need additional space, attach 8.5" x 11" size sheets of paper. Failure to reply by the due date will result in the grievance being considered resolved.

Grievant: Tyrone Morris SBI: 322539

Location: SHU 19 C U5 Case#: 421206

Date: 1/12/19 Appeal Due Date: Wednesday 23 January 2018

APPEAL INFORMATION: DO NOT WRITE ON THE BACK OF ANY PAGES OR DOCUMENTS:  
THE GRIEVANCE OFFICE CANNOT DOUBLE SIDE SCAN.

I don't want to be right off Biologic  
just yet. I need to be on both Biologic  
and light therapy until I clear all  
up then I can be taken off Biologic  
and use light therapy to maintain  
and keep clear. This place bought a  
light therapy machine. I was told it cost  
\$10,000 so why have it and not use it.  
also DR Burke office says I should  
be on Biologic for long cause of my liver.  
~~they~~ they said I also should be on  
both light, and Biologic then use only light  
to maintain. I'm also not ~~being~~ getting the  
blood work need to check my liver and DR Burke's  
office called me to come back in 30 days  
with blood work. That was over half a year ago.

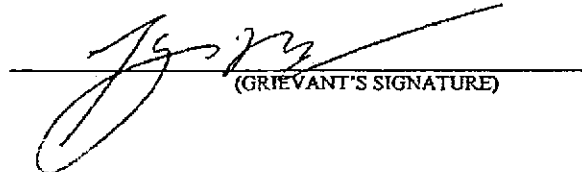
  
(GRIEVANT'S SIGNATURE)

exhibit 17

DEPARTMENT OF CORRECTION  
Bureau of Healthcare Services  
245 Mckee Road  
Dover, Delaware 19904

February 19, 2019

Inmate MORRIS TYRONE J  
SBI # 00322529  
JTVCC James T. Vaughn Correctional Center  
SMYRNA DE, 19977

Dear TYRONE MORRIS:

I have reviewed your Grievance Case # 421706 dated 09/24/2018.

Based upon the documentation presented for review, I uphold your Grievance.

Accordingly, this fully exhausts all available administrative remedies. There is no further issue to mediate nor Outside Review necessary as provided by BHS Procedure 4.4 entitled "Inmate Grievance Procedure".

Sincerely,

Bureau Chief  
Marc Richman

exhibit 18

FORM #585

Jeon

MEDICAL GRIEVANCE

JTVCC

FACILITY: ~~Prison~~

DATE SUBMITTED: 9-1-17

INMATE'S NAME: Tyrone Morris

SBI#: 322529

HOUSING UNIT: J-1

CASE #: 378700

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: \_\_\_\_\_

TYPE OF MEDICAL PROBLEM:

My Psoriasis is getting much worse. you should be able to look at me to see that. I'm not given enough ointment to shower regularly. I'm in pain everyday I can't shower. I'm also not getting my clobetasol in ointment form. you guys are giving me a very small tube of clobetasol cream. I need ointment and lots of it.  
Need to see

GRIEVANT'S SIGNATURE: 

DATE: 9-1-17

ACTION REQUESTED BY GRIEVANT:

To get ample supply of ointment. Triamcinolone + clobetasol  
Need Shampoo, Selsun Blue

RECEIVED

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

exhibit 18

DEPARTMENT OF CORRECTION  
Bureau of Healthcare Services  
245 Mckee Road  
Dover, Delaware 19904

March 5, 2018

Inmate MORRIS TYRONE J  
SBI # 00322529  
JTVCC James T. Vaughn Correctional Center  
SMYRNA DE, 19977

Dear TYRONE MORRIS:

I have reviewed your Grievance Case # 378700 dated 09/01/2017.

Based upon the documentation presented for review, I deny your Grievance.

Accordingly, this fully exhausts all available administrative remedies. There is no further issue to mediate nor Outside Review necessary as provided by BHS Procedure 4.4 entitled "Inmate Grievance Procedure".

Sincerely,

Bureau Chief  
Marc Richman

exh-b.7 19

DEPARTMENT OF CORRECTION  
Bureau of Healthcare Services  
245 McKee Road  
Dover, Delaware 19904

February 7, 2017

Inmate MORRIS TYRONE J  
SBI # 00322529  
JTVCC James T. Vaughn Correctional Center  
SMYRNA DE, 19977

Dear TYRONE MORRIS:

I have reviewed your Grievance Case # 353295 dated 12/04/2016.

Based upon the documentation presented for review, I deny your Grievance.

Accordingly, this fully exhausts all available administrative remedies. There is no further issue to mediate nor Outside Review necessary as provided by BHS Procedure 4.4 entitled "Inmate Grievance Procedure".

Sincerely,

Bureau Chief  
Marc Richman



exhibit 20

Lulsh ex

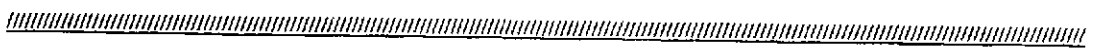
FORM #: 585

ITVCC

MEDICAL GRIEVANCE

FACILITY: ~~Prison~~  
INMATE'S NAME: Tyone Morris  
HOUSING UNIT: T-2

DATE SUBMITTED: 6/8/16  
SBI#: 322529  
CASE #: 339653



SECTION 1

DATE AND TIME OF MEDICAL INCIDENT: \_\_\_\_\_

TYPE OF MEDICAL PROBLEM:

I'm not getting antments  
(meds) as ordered so I can  
shower daily.  
have not seen DR.

GRIEVANT'S SIGNATURE: [Signature] DATE: 6/8/16

ACTION REQUESTED BY GRIEVANT: To get to see  
DR and to get meds  
as ordered.

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

STANDARD OFFICE

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

exhibit 20

DEPARTMENT OF CORRECTION  
Bureau of Healthcare Services  
245 Mckee Road  
Dover, Delaware 19904

August 17, 2016

Inmate MORRIS TYRONE J  
SBI # 00322529  
JTVCC James T. Vaughn Correctional Center  
SMYRNA DE, 19977

Dear TYRONE MORRIS:

I have reviewed your Grievance Case # 339053 dated 06/08/2016.

Based upon the documentation presented for review, I deny your Grievance.

Accordingly, this fully exhausts all available administrative remedies. There is no further issue to mediate nor Outside Review necessary as provided by BHS Procedure 4.4 entitled "Inmate Grievance Procedure".

Sincerely,

Bureau Chief  
Marc Richman

exh.b.f.21

M.G.C. Decision

Grievant's Name: Morris, Tyrone SBI # 322529  
Case # 378697 Housing Unit: T1

(Complaint and Requested Remedy must be completed by medical staff prior to MGC Hearing) (Please write legibly)

Complaint: I went to see C. Miller (Cooper) about  
getting back on pain meds for arthritis.

Requested Remedy: Put back on pain meds until  
arthritis is under control.

Action: Chart review: Started on longer term medication.  
Celebrex 100mg BID

Plan: Cont with current plan of care. Use  
sick call process as needed.

	Uphold	Deny	Abstain
Medical Staff & Title <u>[Signature]</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Staff & Title <u>[Signature]</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Staff & Title <u>[Signature]</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I.G.C.: CR M. [Signature]

M.G.C.: ☒ Deny ☐ Uphold

Date: 10/25/17

Appeal Due: 11/10/17

exhibit 22

Jeon

FORM #585

MEDICAL GRIEVANCE

FACILITY: JTVCC  
INMATE'S NAME: Tyrone Morris  
HOUSING UNIT: T-1

DATE SUBMITTED: 9-1-17  
SBI#: 322529  
CASE #: 378698

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: \_\_\_\_\_

TYPE OF MEDICAL PROBLEM:

I had a life threatening issue (allergic reaction from meds), I had a Fever and Red Blotchs on my Face and the Nurses refused to help. They told me to put in sick call which I did to no avail. I put sick call in and I was called to infirmary and only given cream. No vitals were taken until 5 days of suffering. My people had to call for me to get help. What good is medical and the Nurses I.F I cant get help in a emergency and my sick calls go unanswered I had a sick call unanswered about my chest as well. I spent 8 days in Int general.

GRIEVANT'S SIGNATURE: [Signature] DATE: 9-1-17

ACTION REQUESTED BY GRIEVANT: For medical Nurses be  
Trained to see and emergency and to  
not let inmates suffer when a doctor is needed

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

**NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.**

Cph. but 23

FORM #585

Jeon

MEDICAL GRIEVANCE

FACILITY: JIVC  
INMATE'S NAME: Tyrone Morris  
HOUSING UNIT: T-1

DATE SUBMITTED: 10/4/17

SBI#: 322529

CASE #: 382151

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: \_\_\_\_\_

TYPE OF MEDICAL PROBLEM:

Ever since I been off otezla my psoriasis has become unmanagable and very painful. I was take off otezla because of an allergic reaction. I just seen DR Burke's office in Sept-2017. Since I have hep B ~~now~~ I cant take shots for my skin and the pills ~~that~~ that help my skin cause allergic reactions the DR said the only Feasible Treatment is light therapy since topical creams do not take my psoriasis better

GRIEVANT'S SIGNATURE: [Signature]

DATE: 10 15 17

RECEIVED

ACTION REQUESTED BY GRIEVANT:

To Receive Light therapy + to get  
pain meds for

OCT 23 2017

JIVC GRIEVANCE OFFICE

To receive pain meds w/ all skin is  
under control

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

Must fill out Action  
requested. cph. but

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

exhibit 24

FORM #585

John

MEDICAL GRIEVANCE

FACILITY: JTVCC Maros  
INMATE'S NAME: Tyrone Maros  
HOUSING UNIT: T-1

DATE SUBMITTED: 12 31 17

SBI#: 322529

CASE #: 387471

RECEIVED

SECTION #1

JAN 03 2018

DATE & TIME OF MEDICAL INCIDENT: \_\_\_\_\_

JTVCC GRIEVANCE OFFICE

TYPE OF MEDICAL PROBLEM:

This is my second grievance on this issue as of late, in or around the month of Sept I put a grievance in about not being properly treated. I had a outside DR prescribe light therapy and I still have not received it. I don't understand why my grievance on this issue has not been answered yet. I'm tired of living in pain and suffering the way you guys having me

GRIEVANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

ACTION REQUESTED BY GRIEVANT:

to have grievance answer, to get light treatment and ~~some~~ pain meds up so pain is more manageable,

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

You must fill out Action requested separately

exhibit 25

DEPARTMENT OF CORRECTION  
Bureau of Healthcare Services  
245 Mckee Road  
Dover, Delaware 19904

August 25, 2014

Inmate MORRIS TYRONE J  
SBI # 00322529  
JTVCC James T. Vaughn Correctional Center  
SMYRNA DE, 19977

Dear TYRONE MORRIS:

I have reviewed your Grievance Case # 284929 dated 06/03/2014.

Based upon the documentation presented for review, I deny your Grievance.

Accordingly, this fully exhausts all available administrative remedies. There is no further issue to mediate nor Outside Review necessary as provided by BHS Procedure 4.4 entitled "Inmate Grievance Procedure".

Sincerely,

Bureau Chief  
Welch James

exh. b. t 26

**GRIEVANCE APPEAL FORM**

This must be completed and returned to the IGC, via the Grievance Box, No Later than Due Date to appeal the Warden/Designee/BSME Decision/MGC. Please specify the reason for the appeal in the space below. If you decide not to appeal the decision you must so indicate with the statement "I do not wish to appeal". Appeal must be returned via the Grievance Box. If you need additional space, attach 8.5" x 11" size sheets of paper. Failure to reply by the due date will result in the grievance being considered resolved.

Grievant: Tyrone Morris

SBI: 322529

Location: T-2

Case#:

Date: Oct 4 15

Appeal Due Date: Monday 12 October 2015

**APPEAL INFORMATION: DO NOT WRITE ON THE BACK OF ANY PAGES OR DOCUMENTS:  
THE GRIEVANCE OFFICE CANNOT DOUBLE SIDE SCAN.**

Need ointments so I can shower.  
~~and~~ I go 3 or 4 days with out  
showering, ~~and~~ out side PRS  
Brake and Braithwait ordered A+  
Aqua Fur t Calcipotriene and I need  
to put on twice a day, even DR  
Lynch agrees, IF I take a shower  
and have nothing to put on I get  
10 times worse, 100 grams is not  
enough to last a week, 100 grams  
dont even last two days I need \$50  
grams at least week. also I've seen  
my name Forge in medical Book  
saying I signed for meds that  
I never gotten

RECEIVED

OCT 6 2015

JTVCC GRIEVANCE OFFICE

  
(GRIEVANT'S SIGNATURE)



exh. b. t 26

DEPARTMENT OF CORRECTION  
Bureau of Healthcare Services  
245 McKee Road  
Dover, Delaware 19904

October 26, 2015

Inmate MORRIS TYRONE J  
SBI # 00322529  
JTVCC James T. Vaughn Correctional Center  
SMYRNA DE, 19977

Dear TYRONE MORRIS:

I have reviewed your Grievance Case # 315196 dated 09/07/2015.

Based upon the documentation presented for review, I deny your Grievance.

Accordingly, this fully exhausts all available administrative remedies. There is no further issue to mediate nor Outside Review necessary as provided by BHS Procedure 4.4 entitled "Inmate Grievance Procedure".

Sincerely,

Bureau Chief  
Marc Richman

exhibit 26

DEPARTMENT OF CORRECTION  
Bureau of Healthcare Services  
245 Mckee Road  
Dover, Delaware 19904

July 10, 2015

Inmate MORRIS TYRONE J  
SBI # 00322529  
JTVCC James T. Vaughn Correctional Center  
SMYRNA DE, 19977

Dear TYRONE MORRIS:

I have reviewed your Grievance Case # 304656 dated 04/03/2015.

Based upon the documentation presented for review, I deny your Grievance.

Accordingly, this fully exhausts all available administrative remedies. There is no further issue to mediate nor Outside Review necessary as provided by BHS Procedure 4.4 entitled "Inmate Grievance Procedure".

Sincerely,

Bureau Chief  
James Welch

exhibit 27

DEPARTMENT OF CORRECTION  
Bureau of Healthcare Services  
245 Mckee Road  
Dover, Delaware 19904

August 13, 2014

Inmate MORRIS TYRONE J  
SBI # 00322529  
JTVCC James T. Vaughn Correctional Center  
SMYRNA DE, 19977

Dear TYRONE MORRIS:

I have reviewed your Grievance Case # 284434 dated 05/24/2014.

Based upon the documentation presented for review, I deny your Grievance.

Accordingly, this fully exhausts all available administrative remedies. There is no further issue to mediate nor Outside Review necessary as provided by BHS Procedure 4.4 entitled "Inmate Grievance Procedure".

Sincerely,

Bureau Chief  
Welch James

exh. b. 1 28

GRIEVANCE APPEAL FORM

This must be completed and returned to the IGC, via the Grievance Box, No Later than Due Date to appeal the Warden Designee/BSME Decision/MGC. Please specify the reason for the appeal in the space below. If you decide not to appeal the decision you must so indicate with the statement "I do not wish to appeal". Appeal must be returned via the Grievance Box. If you need additional space, attach 8.5" x 11" size sheets of paper. Failure to reply by the due date will result in the grievance being considered resolved.

Grievant: Tyrone Morris

SBI: 322529

Location: 17 DLS

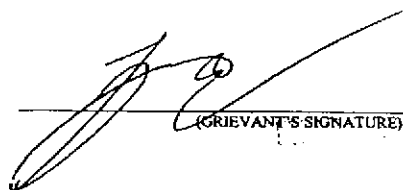
Case#: 290444

Date: 11/6/2014

Appeal Due Date: 11/20/2014

APPEAL INFORMATION:

I have not seen DR since Oct 6 when she told me I was to get two tubes of A+D ointment a week. I was only getting one tube a week (some times one tube every two weeks). I was supposed to see DR 15 days after so she could check up. I could of let her know the A+D situation but I never seen her. the grievance people said I seen her on the 26 of Oct but that was not the DR. That was the Nurse for a sick call I put in on some different stuff. The Nurse said I needed to see DR but I still havent. I still dont know if Im getting two tubes of A+D a week yet I havent seen it happen yet. I still need to see DR.

  
(GRIEVANT'S SIGNATURE)

exp. bot 29

DEPARTMENT OF CORRECTION  
Bureau of Healthcare Services  
245 Mckee Road  
Dover, Delaware 19904

November 17, 2014

Inmate MORRIS TYRONE J  
SBI # 00322529  
JTVCC James T. Vaughn Correctional Center  
SMYRNA DE, 19977

Dear TYRONE MORRIS:

I have reviewed your Grievance Case # 290444 dated 09/04/2014.

Based upon the documentation presented for review, I deny your Grievance.

Accordingly, this fully exhausts all available administrative remedies. There is no further issue to mediate nor Outside Review necessary as provided by BHS Procedure 4.4 entitled "Inmate Grievance Procedure".

Sincerely,

Bureau Chief  
Welch James

exhibit 30

GRIEVANCE APPEAL FORM

This must be completed and returned to the IGC, via the Grievance Box, No Later than Due Date to appeal the Warden/Designee/BSME Decision/MGC. Please specify the reason for the appeal in the space below. If you decide not to appeal the decision you must so indicate with the statement "I do not wish to appeal". Appeal must be returned via the Grievance Box. If you need additional space, attach 8.5" x 11" size sheets of paper. Failure to reply by the due date will result in the grievance being considered resolved.

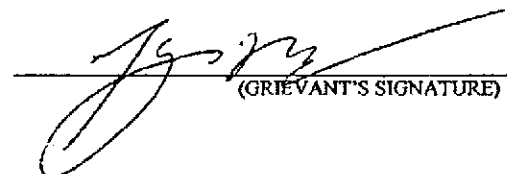
Grievant: Tyrone Morris SBI: 322539

Location: SHU 19 C U5 Case#: 421706

Date: 1/12/19 Appeal Due Date: Wednesday 23 January 2018

**APPEAL INFORMATION: DO NOT WRITE ON THE BACK OF ANY PAGES OR DOCUMENTS:  
THE GRIEVANCE OFFICE CANNOT DOUBLE SIDE SCAN.**

I don't want to be right off Biologic  
Just yet. I need to be on Both Biologic  
and Light therapy until I clear all  
up then I can be taken off Biologic  
and use Light therapy to maintain  
and keep clear. This place brought a  
light therapy machine. I was told it cost  
\$10,000 so why have it and not use it.  
also DR Burke office says I should  
be on Biologic for long cause of my liver.  
~~She said~~ they said I also should be on  
Both Light, and Biologic then use only Light  
to maintain. I'm also not ~~being~~ getting the  
Blood work need to check my liver and DR Burke's  
office asked me to come back in 30 days  
with Blood work. That was over half a year ago.

  
(GRIEVANT'S SIGNATURE)

ep h.b.t30

DEPARTMENT OF CORRECTION  
Bureau of Healthcare Services  
245 Mckee Road  
Dover, Delaware 19904

February 19, 2019

Inmate MORRIS TYRONE J  
SBI # 00322529  
JTVCC James T. Vaughn Correctional Center  
SMYRNA DE, 19977

Dear TYRONE MORRIS:

I have reviewed your Grievance Case # 421706 dated 09/24/2018.

Based upon the documentation presented for review, I uphold your Grievance.

Accordingly, this fully exhausts all available administrative remedies. There is no further issue to mediate nor Outside Review necessary as provided by BHS Procedure 4.4 entitled "Inmate Grievance Procedure".

Sincerely,

Bureau Chief  
Marc Richman

exhibit 31

FORM #585

Jeon

MEDICAL GRIEVANCE

ITVCC

FACILITY: ~~ITVCC~~  
INMATE'S NAME: Tyrone Morris  
HOUSING UNIT: T-1

DATE SUBMITTED: 9-1-17  
SBI#: 322829  
CASE #: 378700

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: \_\_\_\_\_

TYPE OF MEDICAL PROBLEM:

My Psoriasis is getting much worse. you should  
Be able to look at me to see that. I'm not  
given enough ointment to shower regularly.  
I'm in pain everyday I can't shower.  
I'm also not getting my clobetasol in  
ointment form. you guys are giving me a  
very small tube of clobetasol cream. I  
need ointment and lots of it.  
Need to see

GRIEVANT'S SIGNATURE: [Signature] DATE: 9-1-17

ACTION REQUESTED BY GRIEVANT: To get ample supply of  
ointment. Triamcinolone + clobetasol  
Need Shampoo. selsun Blue

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL  
GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.



exhibit 31

DEPARTMENT OF CORRECTION  
Bureau of Healthcare Services  
245 Mckee Road  
Dover, Delaware 19904

March 5, 2018

Inmate MORRIS TYRONE J  
SBI # 00322529  
JTVCC James T. Vaughn Correctional Center  
SMYRNA DE, 19977

Dear TYRONE MORRIS:

I have reviewed your Grievance Case # 378700 dated 09/01/2017.

Based upon the documentation presented for review, I deny your Grievance.

Accordingly, this fully exhausts all available administrative remedies. There is no further issue to mediate nor Outside Review necessary as provided by BHS Procedure 4.4 entitled "Inmate Grievance Procedure".

Sincerely,

Bureau Chief  
Marc Richman

## GRIEVANCE APPEAL FORM

an Due Date to appeal 7-10-18

**SBI:**

Case#: 402597

**Appeal Due Date: 07/16/2016**

Again ~~and~~ This is the second time I  
received this letter. There's no way  
I ~~can~~ can get this appeal to you in  
time why is it that you keep doing  
this. I need to appeal.

I've been in pain. I can't take care of my ~~teeth~~ <sup>teeth</sup> properly correctly. I'm in pain and need treatment. ~~and can't~~ <sup>can't</sup> even treat what's eating ~~on~~ I need to be able to put on treatments on every day, not every 3-4 days

RECEIVED

2016

JTVCC GRIEVANCE OFFICE

~~IRRELEVANT'S SIGNATURE~~

exhibit 32

DEPARTMENT OF CORRECTION  
Bureau of Healthcare Services  
245 McKee Road  
Dover, Delaware 19904

August 8, 2018

Inmate MORRIS TYRONE J  
SBI # 00322529  
JTVCC James T. Vaughn Correctional Center  
SMYRNA DE, 19977

Dear TYRONE MORRIS:

I have reviewed your Grievance Case # 402597 dated 04/21/2018.

Based upon the documentation presented for review, I deny your Grievance.

Accordingly, this fully exhausts all available administrative remedies. There is no further issue to mediate nor Outside Review necessary as provided by BHS Procedure 4.4 entitled "Inmate Grievance Procedure".

Sincerely,

Bureau Chief  
Marc Richman

exhibit 32

## GRIEVANCE REPORT

### OFFENDER GRIEVANCE INFORMATION

Offender Name : MORRIS, TYRONE J	SBI# : 00322529	Institution : JTVCC
Grievance # : 402597	Grievance Date : 04/21/2018	Category : Individual
Status : Unresolved	Resolution Status :	Resol. Date :
Grievance Type: Health Issue (Medical)	Incident Date : 04/21/2018	Incident Time :
IGC : Dutton, Matthew	Housing at the time of Grievance : Bldg T1, Cell 1, Bed 15	
Grievance Loc : JTVCC -T1	Current Housing : Bldg T1, Cell 1, Bed 15	

### OFFENDER GRIEVANCE DETAILS

**Description of Complaint:** Inmate Claims: Need proper treatment outside Doctor, ointments and pain meds. See entire grievance at top under scanner.

**Remedy Requested :**

### ADDITIONAL GRIEVANCE INFORMATION

**Medical Grievance :** YES **Date Received by Medical Unit :** 04/24/2018  
**Grievance Amount :**

## INFORMAL RESOLUTION

### OFFENDER GRIEVANCE INFORMATION

Offender Name : MORRIS, TYRONE J	SBI# : 00322529	Institution : JTVCC
Grievance # : 402597	Grievance Date : 04/21/2018	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 04/21/2018	Incident Time :
IGC : Dutton, Matthew	Housing at the time of Grievance : Bldg T1, Cell 1, Bed 15	
Grievance Loc : JTVCC -T1	Current Housing : Bldg T1, Cell 1, Bed 15	

### INFORMAL RESOLUTION

**Investigator Name :** Jeon, Ephram RN **Date of Report:** 05/29/2018  
**Investigation Report :** patient is currently being treated by outside provider, patient refused to sign off upset was not treated in a timely manner.  
**Reason for Referring:**

**Offender's Signature:** \_\_\_\_\_

**Date :** \_\_\_\_\_

**Witness (Officer) :** \_\_\_\_\_

Exhibit 33

FORM #585

378700

MEDICAL GRIEVANCE

FACILITY: JTVCC

DATE SUBMITTED: 12 30 17

INMATE'S NAME: Tyrese Morris

SBI#: 322529

HOUSING UNIT: ~~80000~~ T-1

CASE #: 389383

RECEIVED

SECTION #1

JAN 08 2018

DATE & TIME OF MEDICAL INCIDENT: \_\_\_\_\_

JTVCC GRIEVANCE OFFICE

TYPE OF MEDICAL PROBLEM:

I've put one grievance in about this already. I'm not getting enough ointment so I can shower regularly and I'm not getting enough ointment so I can put meds on twice a day. I need my showers. I'm so tired of suffering and being in pain. I'm not being properly treated for my Psoriasis that I can't see why at least I can get ample supply of ointment. I'm tired of living like this.

GRIEVANT'S SIGNATURE: [Signature]

DATE: 12 30 17

ACTION REQUESTED BY GRIEVANT: To get 1 jar a week so I can shower A+d or steroid ointment

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

exhibit 34

FORM #585

MEDICAL GRIEVANCE

FACILITY: JTVCC  
INMATE'S NAME: Tyrone Morris  
HOUSING UNIT: T21

DATE SUBMITTED: 5/25/18  
SBI#: 322529  
CASE #: 405861

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: \_\_\_\_\_

TYPE OF MEDICAL PROBLEM:

This is my second grievance on  
this subject, on grievance number  
38947 my appeal was given  
to me a month late so when  
I did my appeal you said  
It ~~was~~ was too late and my  
appeal was not honored.

GRIEVANT'S SIGNATURE: \_\_\_\_\_

DATE: 5/25/18

ACTION REQUESTED BY GRIEVANT:

to honor my appeal  
accept the appeal

RECEIVED

MAY 28 2018

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

JTVCC GRIEVANCE OFFICE

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.